FILTH FLY SURVEY For use of this form, see TB MED 561; the proponent agency is OTSG 1. BUILDING 2. ORGANIZATION 3. DATE 5. PERSON CONTACTED 4. TIME FOOD HANDLING FACILITY 7. **QUARTERS** a. MEALS/DAY b. DAYS OPEN/WEEK a. SINGLE b. MULTIPLE UNIT c. OTHER 8. SANITARY CONDITIONS (check one) EXCLUSION (check one) 10. AIR CURTAINS PRESENT 9. a. VERY b. GOOD c. FAIR a. VERY b. GOOD c. FAIR d. POOR d. POOR GOOD YES NO GOOD 11. OPERATIONAL/EFFECTIVE 12. WINDOWS SCREENED 13. FANS SCREENED 14. DOORS SCREENED YES NO YES NO YES NO YES NO 15. OTHER 16. REFUSE DISPOSAL (Yes (Y) or NO (N)) SAMPLING METHOD (check one) 17. SWEEP GRILL STICKY LIVE d. CONTAINER LIDS/DOORS b. C. TRAP TRAP NET (1) CLEAN (2) RODENT-(1) CLOSED (2) IN GOOD PROOF REPAIR 18. SURVEY DATA LOCATION NUMBER COUNTED/TRAPPED/CAUGHT a. b. SPECIMENS SENT TO USAEHA FOR ID 19. DATE 20. SPECIES

21. COMMENTS